

Board of Nursing

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense**MICHIGAN NURSING SCHOOL CERTIFICATION**

Authority, Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS FOR COMPLETION:

The Dean, Director, or Registrar of the nursing program completes the information below. Return this completed certification directly to the Michigan Board of Nursing at the address shown above.

I certify that _____
(Applicant's Full Name)

Social Security Number _____ Date of Birth _____
(Month/Day/Year)

matriculated in the _____
(Name of Nursing School)

(City) (State)

_____ and completed the program on _____
(Month/Day/Year) (Month/Day/Year)

I further certify that the applicant has fulfilled all requirements for:

L.P.N.

a Certificate

R.N

a Diploma
an Associate Degree
a Bachelor Degree

which will be conferred _____
(Month/Day/Year)

Signature of Dean or Registrar

Date of Signature

Type or Print Name of Dean or Registrar

(SEAL)